



Seminar:
Saturday, March 23, 2013
Shirley, MA

Hunt:
Monday, May 6, 2013
Devens RFTA, MA

TURKEY HUNT!

Presented by:

MassWildlife,
Shirley Rod & Gun Club
and
Devens Reserve Forces
Training Area



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Becoming an Outdoors-Woman in Massachusetts!**

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TURKEY HUNT '13!

Seminar: *Saturday*, March 23, 2013
Hunt: *Monday*, May 6, 2013

Pre-registration required! Seminar: No Limit. Hunt: Limit 10.

Preference will be given to new participants and returnees who have not taken a turkey.

This program is designed for adult women (18+) who are new to turkey hunting and want to give it a try. First time participants **must** attend the workshop. Repeat participants are strongly advised to attend, even if they have done so in the past. The focus will be on gun handling, turkey calling and hunting strategies that will be employed at the hunt on Devens. Photographers and others who don't plan to go on the hunt will learn a lot about turkeys and turkey behavior at the Seminar. No firearms required. Turkey Hunt participants **MUST** possess: a 2013 MA hunting or sporting license, a valid MA gun license, turkey permit and shotgun with appropriate ammunition.

Registration Deadlines — March 18, 2013 for the Seminar & Hunt;
April 26, 2013 for the Hunt only — **NO REFUNDS AFTER THESE DATES.**

 **Simply Print, Fill In and Return the Registration, Medical, Photo Release and Liability Forms to the address below!**

Registration Coupon

- ☐ Count me in for the **Turkey Hunting Seminar & Hunt:** March 23 & May 6, 2013. Cost: \$60 (includes instruction, guide services, lunch on each day). Hunt limited to 10 participants.
- ☐ Count me in for the **Turkey Hunting Seminar, Shirley, MA:** March 23, 2013. Cost: \$20 (includes lunch, calling instruction and supervised sighting-in).
- ☐ Count me in for the **Turkey Hunt, Devens RTFA:** May 6, 2013. Cost: \$50 (includes lunch and guide services).

Name _____ Daytime telephone # _____

Address _____

Town _____ State _____ Zip _____

e-mail address _____ MA Hunting Lic.#: _____ Shotgun Gauge: _____



Special Needs: *If you have a disability, medical condition or special diet requirements, please indicate them with your registration. We will do our best to accommodate your needs. For more information call: (508) 389-6300.*

Make check payable to: BOW / MSC

Print and Mail completed forms and check to:

MassWildlife Field Headquarters, 100 Hartwell Street, Suite 230, West Boylston, MA 01583



MEDICAL HISTORY QUESTIONNAIRE

ALL INFORMATION WILL BE HELD CONFIDENTIAL

Name _____

Date of Birth _____ Sex _____

Address _____

City/State/Zip: _____

Medical Ins. Co.: _____ Policy#: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

NOTE: Please check "yes" or "no" and provide additional details where required.

1. Are you allergic to any medications? No__ Yes__ List : _____

2. Any other allergies (foods, insects, seasonal) No__ Yes__ List: _____

3. Are you currently taking any medication?
(include any OTC medication) No__ Yes__ List Medication: _____

4. Do you have, or have you ever had the following:

Hay Fever: No__ Yes__

Fainting Spells: No__ Yes__

High Blood Pressure: No__ Yes__

Diabetes: No__ Yes__

Asthma: No__ Yes__ List Medication: _____

Seizures: No__ Yes__

Heart disease: No__ Yes__

Lung disease (emphysema, etc.): No__ Yes__

Liver disease (mononucleosis, etc.): No__ Yes__

Hepatitis: No__ Yes__

Urinary infection: No__ Yes__

5. Have you ever had a hernia or rupture? No__ Yes__

6. Have you ever had a concussion or head injury? No__ Yes__ List Medication: _____

7. Date of last tetanus inoculation _____ exact date needed (must be within 10 years)

(This is required and must be filled in)

**THIS MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND
COMPLETE TO THE BEST OF MY KNOWLEDGE**

Signature of Participant _____ Date _____



EMERGENCY MEDICAL AUTHORIZATION

The attached health history is correct to the best of my knowledge, and I am able to engage in all activities, except as specifically noted by me and a physician. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required in an emergency situation.

I give consent for the Massachusetts Division of Fisheries & Wildlife (hereinafter MDFW), to provide medical attention, transportation and emergency medical services as warranted by the circumstances.

I am in good physical condition, and am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as signed herein.

Signature of Participant _____ Date _____

LIABILITY

If I am injured or suffer any illness or disease while residing at and/or participating in programs of the MDFW, except as may be caused by the grossly negligent or reckless conduct of the MDFW and their agents, employees and volunteers, I agree to hold MDFW or their agents, employees, volunteers or the host site harmless for said injury, illness, or disease.

I further understand and agree to abide by the general rules of conduct prescribed for the guests of MDFW and violations may result in a denial of privileges, a forfeiture of all fees paid, and immediate removal from the hosting property.

I HAVE READ THIS RELEASE. I UNDERSTAND THAT IT AFFECTS LEGAL RIGHTS AND RESPONSIBILITIES, AND I HEREBY AGREE AND CONSENT TO THE TERMS AND CONDITIONS AND HEREBY WAIVE ANY CLAIMS ARISING WHILE RESIDING AND/OR PARTICIPATING IN THE PROGRAMS OF THE MDFW.

Signature of Participant _____ Date _____



PHOTO RELEASE

Participant's Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ (home) _____ (cell)

Email: _____

Workshop Title: _____ Location: _____

The applicant recognizes that participation in any of the activities making up the B.O.W. program involves an element of risk. By signing below the applicant affirms that she is aware of the risk of accident or injury, that she takes full responsibility of her participation and waives the right to seek damages from the Massachusetts Division of Fisheries & Wildlife and its staff, the Becoming an Outdoors-Woman program staff or instructors, and site hosts. I also agree that images or video taken of them during the BOW workshops may be used in future materials describing and/or promoting the program.

Signature of Participant: _____ **Date:** _____

Please print name: _____